

## Application Data Sheet

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission:: Paper

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: TREATMENT OF POMPE'S DISEASE

Attorney Docket Number:: 16994G-012730US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Johannes B.M.M.  
Middle Name::  
Family Name:: van Bree  
Name Suffix::  
City of Residence:: Nieuw-Vennep  
State or Province of Residence::  
Country of Residence:: Netherlands  
Street of Mailing Address:: Dotterbloemstraat 27, 2153 ES  
City of Mailing Address:: Nieuw-Vennep  
State or Province of mailing address::  
Country of mailing address:: Netherlands  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Edna  
Middle Name:: H.G.  
Family Name:: Venneker  
Name Suffix::  
City of Residence:: Saturnushof 15  
State or Province of Residence::  
Country of Residence:: Netherlands  
Street of Mailing Address:: 3951 EE Maarn  
City of Mailing Address:: Saturnushof 15  
State or Province of mailing address::

Country of mailing address:: Netherlands

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: P.

Family Name:: Meeker

Name Suffix::

City of Residence:: Concord

State or Province of Residence:: MA

Country of Residence:: US

Street of Mailing Address:: 39 Southfield Circle

City of Mailing Address:: Concord

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 01942

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application 09/454,711 Continuation of 09/454,711 12/06/99  
09/454,711 Provisional of 60/111,291 12/07/98

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name:: Genzyme Corporation  
Street of mailing address:: One Kendall Square  
City of mailing address:: Cambridge  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02139

Assignee Name:: Pharming Intellectual Property B.V.  
Street of mailing address:: Niels Bohrweg 11-13  
City of mailing address:: CA Leiden  
State or Province of mailing address::  
Country of mailing address:: The Netherlands  
Postal or Zip Code of mailing address:: 2333